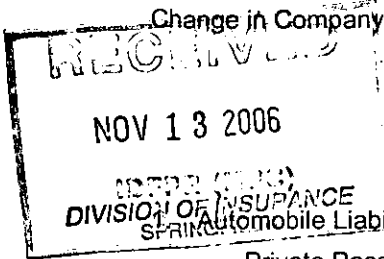
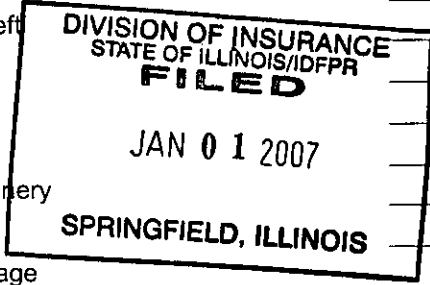


Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective 1-1-2007



	(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Package Policy		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>45,263,253</u>	<u>0.2%</u>
	Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We adopted the NCCI 2007 Advisory Rates effective January 1, 2007 for new and renewal business.

* Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.

ACUITY, A Mutual Insurance Company

Name of Company

Diane Udovich

Regulatory Filing Technician

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$62,944	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

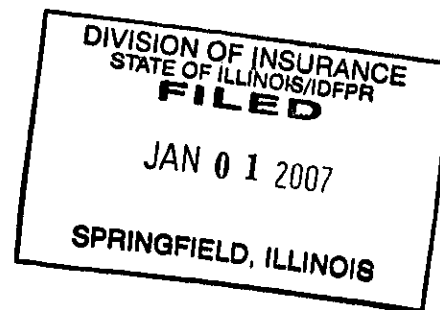
AIU Insurance Company

Name of Company

Joseph Russo – Filings Analyst

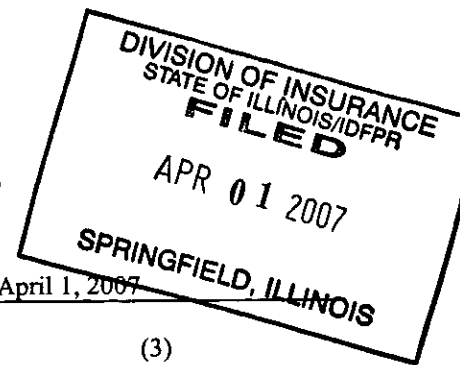
Official - Title

H29219D



Form (RF-3)

SUMMARY SHEET



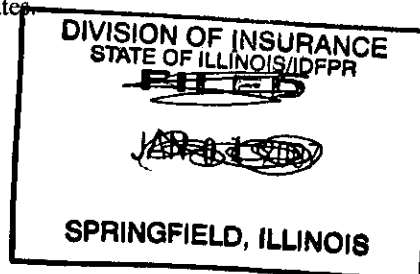
Change in Company's premium or rate level produced by rate revision effective April 1, 2007

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Comp	\$1,044,340	+ 2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2006-11.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



All America Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

RECEIVED

NOV 30 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$99,348	2.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2006-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Automobile Insurance Co.

Name of Company

Official — TitleDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2007

SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$79,497,135	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company

Name of Company

Joseph Russo - Filings Analyst

Official - Title

H29219D



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NOV 30 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET**FORM RF-3**Change in Company's premium or rate level produced by rate revision effective January 1, 2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$7,138,566	2.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

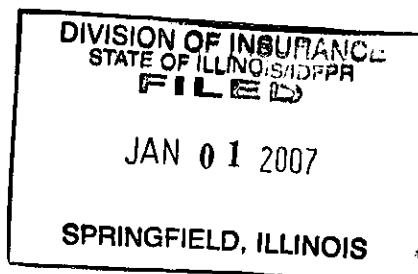
Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2006-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

The American Insurance Company

Name of Company

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$7,039,130	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**American International South
Insurance Company**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



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NOV 20 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

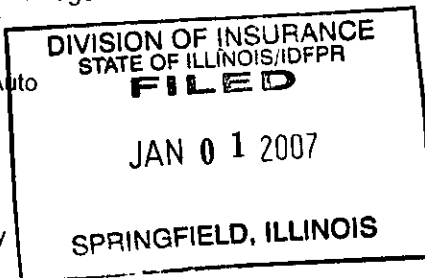
Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$778,746	1.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/ABrief description of filing (if filing follows rates of an advisory organization, specify organization) AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2007 per IL-2006-11 without deviation for policies effective on and after January 1, 2007

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

AmGUARD Insurance Company
Name of CompanyGreg Harchar, State Filings Representative II
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$360,760	2.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

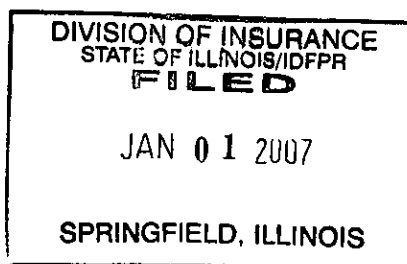
Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2006-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Corporation

Name of Company

Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	638,232	-5.1%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

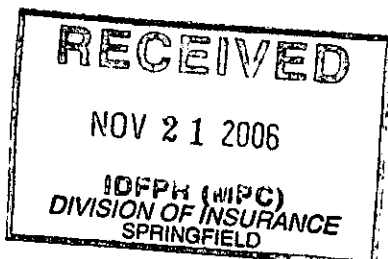
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.600 to 1.546.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Athena Assurance Company

Name of Company



Brian Hoffman

2nd Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2007.

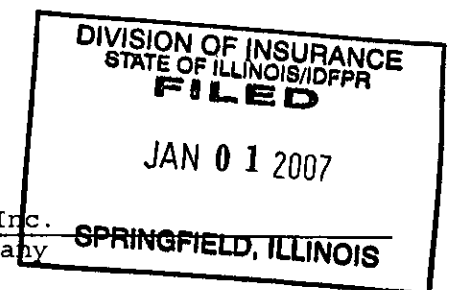
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>185,421</u>	<u>+0.16%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI's 01/01/07 Loss Costs
While maintaining our current loss cost multiplier of 1.30 for all class codes.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

BancInsure, Inc.
Name of Company



Kathryn A. Shilling - Filings Analyst
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$39,392	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**Birmingham Fire Insurance Company
of Pennsylvania**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



SUMMARY SHEET**RECEIVED**

NOV 20 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate
revision effective 1-1-07

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$11,219,410</u>	<u>-0.7%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: Applies to all territories

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to adopt NCCI's 1-1-07 voluntary
loss costs along with updating our company specific multiplier.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2007

SPRINGFIELD, ILLINOIS

Bituminous Casualty Corporation
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

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NOV 20 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

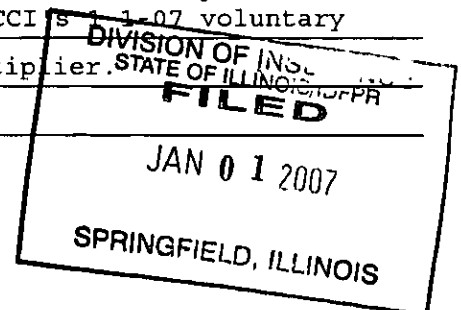
Form (RF-3)

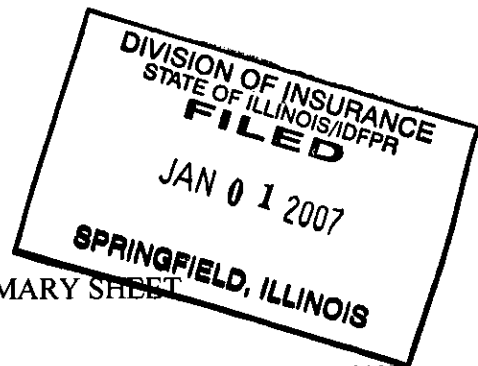
SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective 1-1-07

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$4,054,635</u>	<u>-0.7</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: Applies to all territoriesBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to adopt NCCI's 1-1-07 voluntary
loss costs along with updating our company specific multiplier.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Bituminous Fire and Marine Insurance Company
Name of CompanyDan Trotter - Director - Rate Development & Filings
Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 01, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>3,005,011</u>	<u>2.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

NCCI January 1 2007 Revised Voluntary IL-2006-006, IL 2006-009, IL 2006-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Capitol Indemnity Corporation

Name of Company

JAN 01 2007

SPRINGFIELD, ILLINOIS

Lois Beld, Senior Rate
Analysis

Official - Title

Form (RF-3)

SUMMARY SHEET



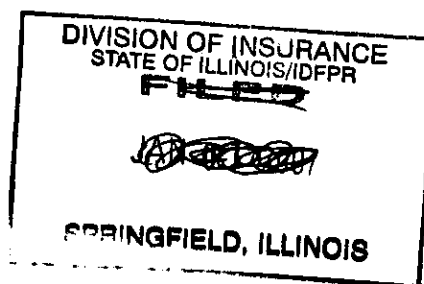
Change in Company's premium or rate level produced by rate revision effective April 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>\$8,368,696</u>	<u>+ 2%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2006-11.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



Central Mutual Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,173,262	1.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

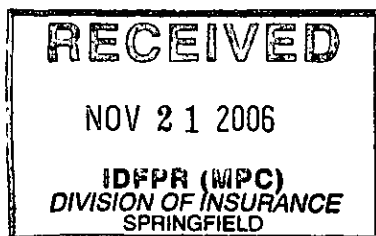
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.760 to 1.701. The filing maintains the current approved company deviation of +10.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Charter Oak Fire Insurance Company

Name of Company



Ben Affron

2nd Vice President

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

RECEIVED

NOV 27 2006

IDFPR (MPC)
DIVISION OF INSURANCE
 01/01/2007 SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective _____

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,011,833	1.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Applies to all territories and classes. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of the 1/1/07 loss costs published by NCCI (NCCI Circular # IL - 06 - 11) _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Chubb Indemnity Insurance Company

Name of Company

Actuarial Officer

Official Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

01-01-07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or 1)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi Peril		
14. Crop Hail		
15. Workers Compensation	\$4,170,751.00	-2.91%
16. Other		

Does filing only apply to certain territory (territories) or certain classes? If so, Specify

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company

Name of Company

Director--Casualty Lines

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$163,002,864</u>	<u>2.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**Commerce & Industry
Insurance Company**Name of Company**Joseph Russo – Filings Analyst**Official - Title

H29219D



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NOV 20 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

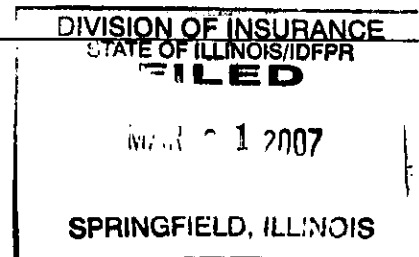
Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective 3/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>189,150</u>	<u>0.7%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopt NCCI's 1/1/2007 advisory loss costs

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will
 result from application of new rates.

Companion Commercial Insurance Company
Name of Company

A handwritten signature in cursive script, appearing to read "Cathie Paul".

- Actuarial Assistant
Official - Title

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**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

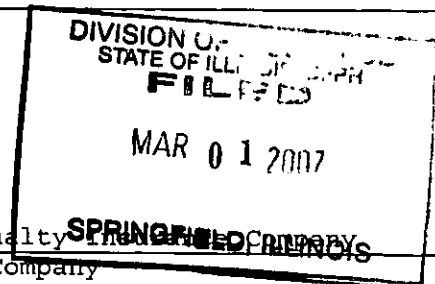
Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective 3/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>836,567</u>	<u>1.8%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopt NCCI's 1/1/2007 advisory loss costs

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Companion Property & Casualty Insurance Company
Name of Company

Actuarial Assistant

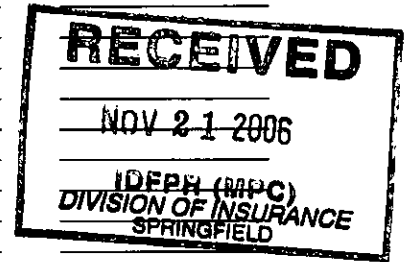
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,500,000	0%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCI

Voluntary rates and rating values effective January 1, 2007 without deviation. Adopting NCCI January 1, 2007

Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retrospective rating plan values.

* Adjusted to reflect all prior rate changes.

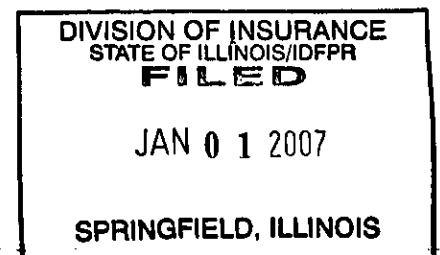
** Change in Company's premium level which will result from application of new rates.

Continental National Indemnity Company

Name of Company

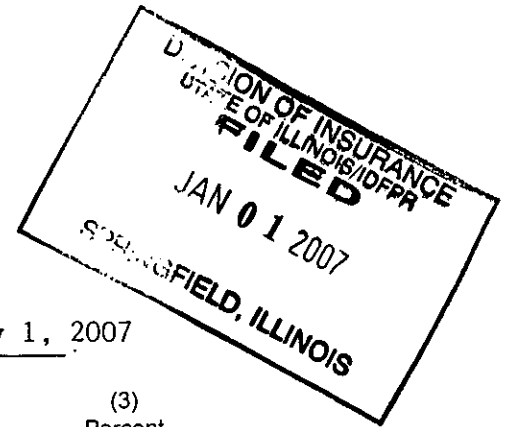
Joan Klucarich, Actuary

Official — Title



ILLINOIS SUMMARY SHEET

FORM RF-3



Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	141,412	0.2.2
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adopt NCCI Voluntary Market Rates and Rating Values effective 1/1/2007.

Reference Circular IL-2006-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Dakota Truck Underwriters

Name of Company
Holly Dubord
 Official — Title
 Holly Dubord
 State Filings Coordinator

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	0	4.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

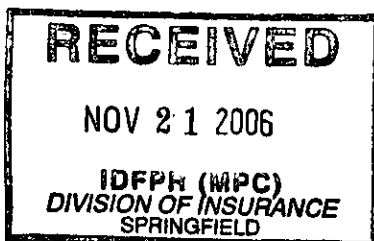
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 0.960 to 0.927. The filing maintains the current approved company deviation of -40.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Farmington Casualty Company

Name of Company



Brian Hoffman

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>1,357,544</u>	<u>6.9%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time, we would like to change
our loss cost multiplier to 1.323 for class code 8116.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): At this time we would
like to revise our loss cost multiplier to 1.654 for all classes except class code 8116 and our loss cost multiplier for this class to 1.323.

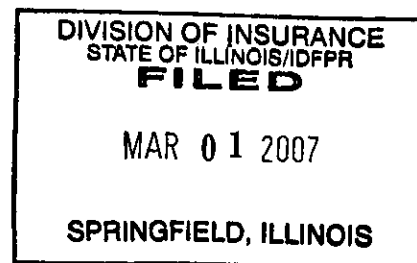
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Farmland Mutual Insurance Company

Name of Company

Official - Title



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	38,998,912	2.4%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/07 loss costs published by NCCI (NCCI Circular # IL - 06 - 11)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Federal Insurance Company

Name of Company

Actuarial Officer

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$301,434	2.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

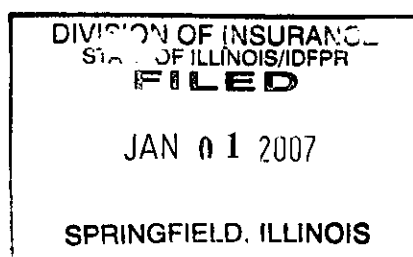
Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2006-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company

Name of Company

Official — Title

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NOV 27 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective +2.5%

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>2,311,075</u>	<u>+2.5%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

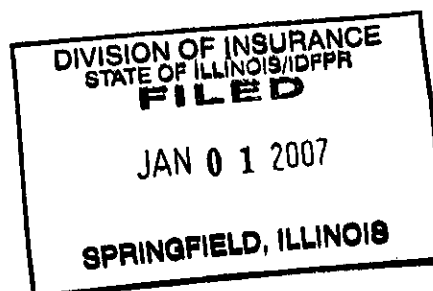
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt the 1/1/2007 NCCI loss costs. We are filing to change our loss cost multiplier from 1.558 to 1.435.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Florists' Mutual Insurance
Company

Name of Company

Danielle Milby, Compliance
Analyst II

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

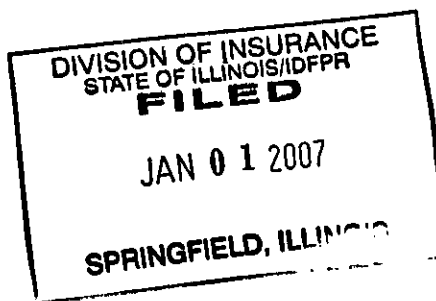
Change in Company's premium or rate level produced by rate revision effective 01/01/07

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	20,291,379	.64%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
Yes, the newly requested 1.05 deviation applies to classes indicated below:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective January 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below:

0042 5057 5221 5473 5538 6017 6235 7601
0050 5059 5222 5474 5539 6018 6236 7605
1322 5069 5223 5478 5551 6045 6237 7611
3365 5102 5348 5479 5606 6204 6251 7612
3719 5146 5402 5480 5610 6206 6252 7613
3724 5160 5403 5491 5645 6213 6260 7855
3726 5183 5437 5506 5651 6214 6306 8227
5020 5188 5443 5507 5703 6216 6319 9534
5022 5190 5445 5508 5705 6217 6325 9554
5037 5213 5462 6003 6229 6400
5040 5215 5472 5537 6005 6233 7538



We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would be applied to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for General Casualty Company of Illinois.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Illinois
Name of Company

Dawn Underdahl - Rate Development Technician
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	15,825,275	.66%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI
1/1/07 rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company

Dawn Underdahl - Rate Development Specialist

Official - Title



(RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire & Allied Lines		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril*		
14. Crop Hall		
15. Workers Compensation	4,467,840	4.1%
16. Other		

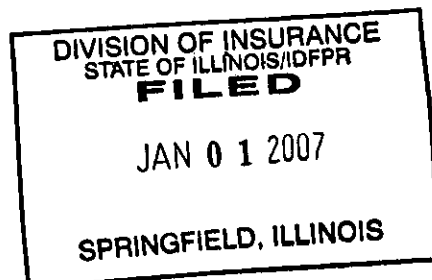
Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): We are adopting NCCI Loss Costs from circular IL-2005-09, approved

in circular IL-2005-11, and have applied our own company-specific Loss Cost Multipliers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



Grange Mutual Insurance Company
Name of Company

Zach Drennen

Official - Title
Zach Drennen
Commercial Pricing Analyst

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$99,256	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



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NOV 27 2006

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective _____

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,119,642	1.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Applies to all territories and classes. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of the 1/1/07 loss costs published by NCCI (NCCI Circular # IL - 06 - 11) _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Great Northern Insurance Company

Name of Company

Actuarial Officer

Official Title

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

JAN 01 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,532,096	+0.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

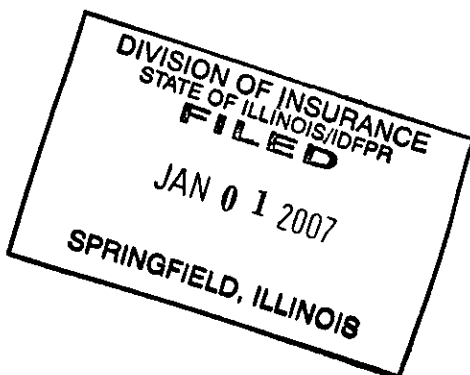
Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing to maintain
currently approved deviation of 1.050 to be used effective January 1, 2007 and applied to all January 1, 2007 rates
approved in NCCI Circular IL-2006-11. Also, election to adopt the NCCI four-hazard groups referenced in Item
B-1403 approved effective January 1, 2007.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

Great West Casualty Company
Name of Company

Janice L. Hohenstein, CPCU
Actuarial Analyst
Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$45,550,852	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

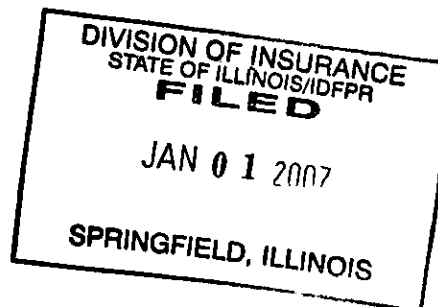
Illinois National Insurance Company

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **January 1, 2007**

	(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$660,418.00	2.2%
16.	Other:		

Line of Insurance

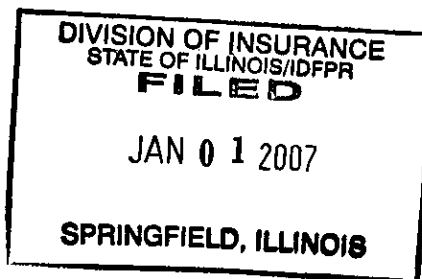
Does filing only apply to certain territory (territories) or certain classes? No.

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Illinois advisory rates and rating values to be effective 1/1/07.

*Adjusted to reflect all prior rate changes.

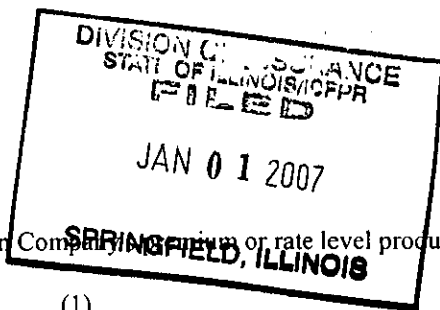
**Change in Company's premium level which will result from application of new rates.



IMT Insurance Company (Mutual)
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

Form (RF-3)



SUMMARY SHEET

Change in Company Premium or rate level produced by rate revision effective 01/01/07

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	848,174	+20.8%
Line of Insurance			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting approved loss costs as filed by the NCCI amend LCM 2.30.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Indiana Lumbermens Mutual
Insurance Company
Name of Company

Tonya J. Burroughs, Compliance
Analyst
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$13,330,782</u>	<u>2.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

**The Insurance Company of the
State of Pennsylvania**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



Change in Company's premium or rate level produced by rate revision

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	27,633	33.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting approved loss costs as filed by the NCCI

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Lone Star National Insurance
Name of Company

Tonya J. Burroughs, Compliance
Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	\$1,096	-1.67%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the 1/1/07 NCCI Voluntary Advisory Rates effective 1/1/07. We are filing a maximum minimum premium of \$750 as opposed to the NCCI maximum minimum premium of \$1,000. Please see the attached Manual Exception Page which indicates the maximum minimum premium is \$750. We filed a company specific schedule rating plan with our 1/12/06 initial rate filing effective 1/30/06. The Manual Exception Page also includes the amended premium algorithm to reflect the schedule rating factor.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

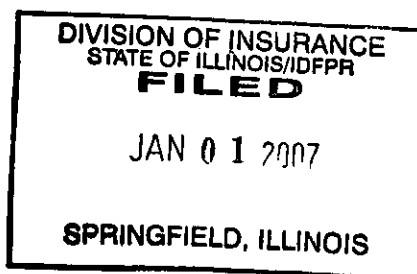
MEMIC Indemnity Company

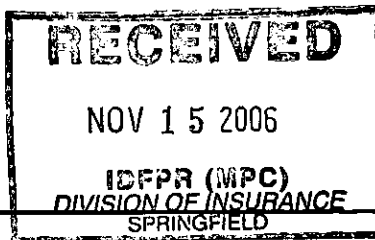
Name of Company



Product Manager

Official - Title

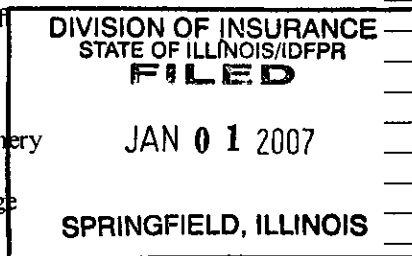




ILLINOIS

ILLINOIS SUMMARY SHEET
FORM RF-3Change in Company's premium or rate level produced by rate revision effective: 01-01-2007

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	14,039,183	1%
16.	Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Midwest Insurance Company is filing our own company rates based on NCCI 2007 rates with some deviation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company
Name of CompanyLarry E. Hochstetler-VP Planning
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,674,594	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

*Adjusted to reflect all prior rate changes.

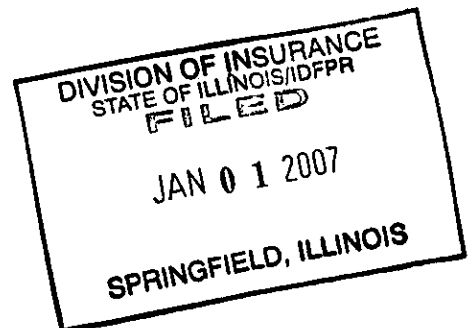
**Change in Company's premium level which will result from application of new rates.

Milwaukee Casualty Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	2,014,739	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

*Adjusted to reflect all prior rate changes.

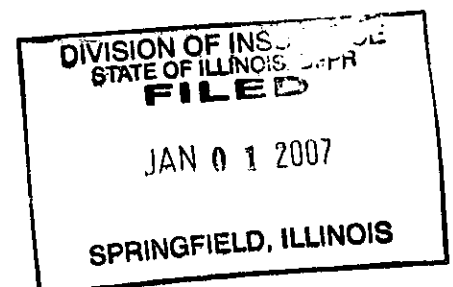
**Change in Company's premium level which will result from application of new rates.

Milwaukee Insurance Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title

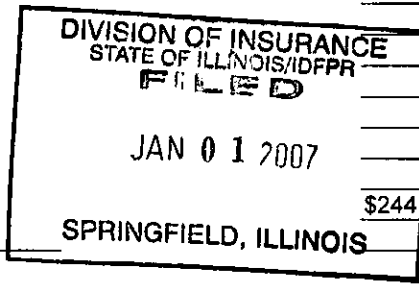


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$244,266	+2.0%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2006-11, effective 01/01/2007. _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company
Name of Company

Kathy Koenig, Regulatory Compliance Spec.
Official — Title

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NOV 30 2006

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,789,848	2.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2006-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Surety Corporation

Name of Company

Official — TitleDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2007

SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>-\$2,822,698</u>	<u>2.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**National Union Fire Insurance
Company of Pittsburgh, PA**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,618,607	7.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time, we would like to change
our loss cost multiplier to 1.150 for class code 8116.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): At this time we would
like to revise our loss cost multiplier to 1.438 for all classes except class code 8116 and our loss cost multiplier for this class to 1.150.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company

Name of Company

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAR 01 2007

SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$21,715,443	2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

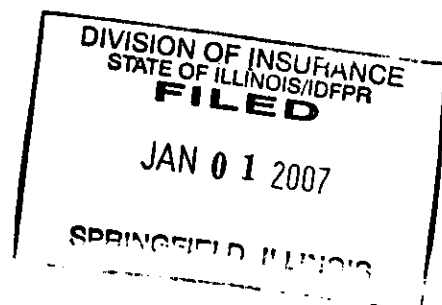
** Change in Company's premium level which will
result from application of new rates.**New Hampshire Insurance Company**

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	419,738	-2.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

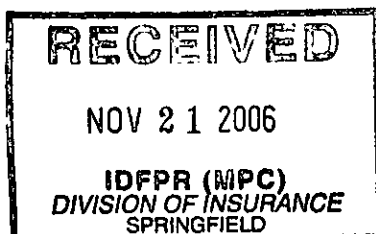
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.600 to 1.546.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

NIPPONKOA Insurance Company

Name of Company



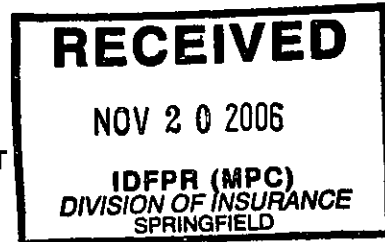
Ben Hoffman

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$361,831	1.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2007 per IL-2006-11 with +5% deviation for policies effective on and after January 1, 2007.

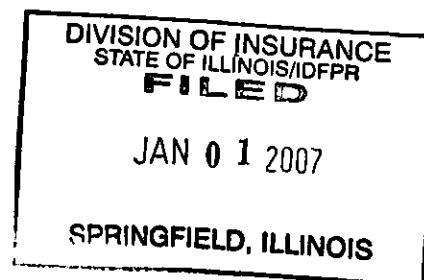
- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

NorGUARD Insurance Company

Name of Company

Greg Harchar, State Filings Representative II

Official — Title



Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

RECEIVED

NOV 27 2006

IDFPR (MPC)
DIVISION OF INSURANCE
 01/01/2007
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	3,657,565	2.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/07 loss costs published by NCCI (NCCI Circular # IL - 06 - 11)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Pacific Indemnity Company

Name of Company

Actuarial Officer

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,795,228	-1.6%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

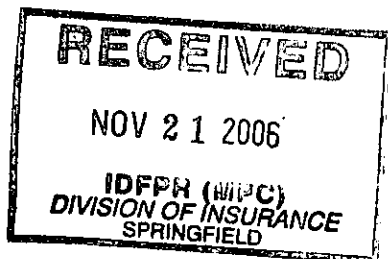
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 2.400 to 2.319. The filing maintains the current approved company deviation of +50.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Phoenix Insurance Company

Name of Company



Ben Hoffman

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	5,660,675	.78%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI
1/1/07 rates.

*Adjusted to reflect all prior rate changes.

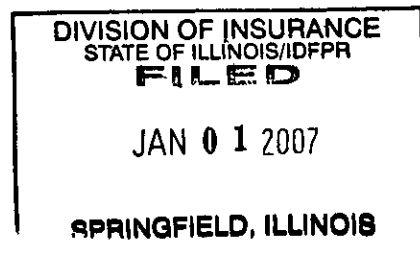
**Change in Company's premium level which will result from application of new rates.

Regent Insurance Company

Name of Company

Dawn Underdahl - Rate Development Specialist

Official - Title



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NOV - 9 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

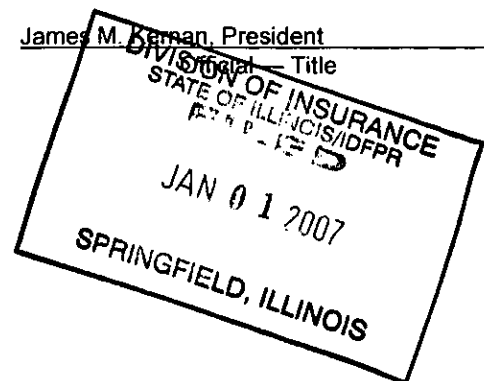
Change in Company's premium or rate level produced by rate revision effective 1/1/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$4,300,000	2.0+ ind classess
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI VoluntaryAdvisory Rates, Loss Costs, and Rating Values Effective January 1, 2007.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Reinsurance Company of America, Inc.
Name of CompanyJames M. Korman, President
Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u>	<u>\$100,000 estimated</u>	<u>0.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI
Voluntary Rate Filing effective January 1, 2007 with no deviation, renewal of company expense constant, minimum
premium formula, premium discount percentages, and schedule rating plan.

*Adjusted to reflect all prior rate changes.

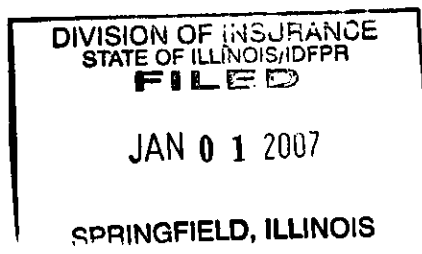
**Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company

Name of Company

Marilyn Tinnell, CPCU -- Compliance Manager

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u>	<u>\$1,500,000 estimated</u>	<u>+0.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI
Voluntary Rate Filing effective January 1, 2007, renewal of current company rate deviation, expense constant,
minimum premium formula, premium discount percentage, and schedule rating plan.

*Adjusted to reflect all prior rate changes.

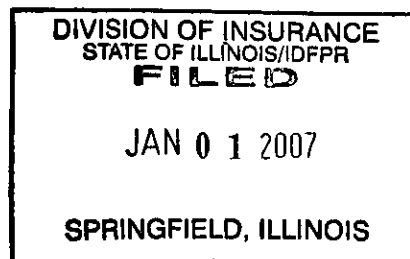
**Change in Company's premium level which will result from application of new rates.

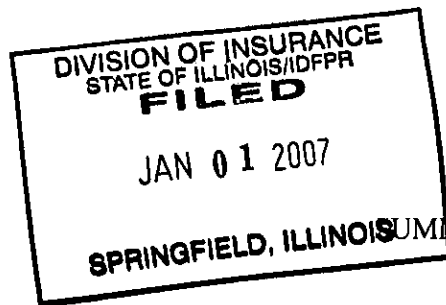
Safety National Casualty Corporation

Name of Company

Marilyn Tinnell, CPCU -- Compliance Manager

Official - Title





Form (RF-3)

SPRINGFIELD, ILLINOIS SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$9,900,000</u>	<u>+ 1.29%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Voluntary Advisory Rates effective 1/1/07.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Society Insurance
Name of Company

Chad Thurn, Staff Underwriting
Manager
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,016	1.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

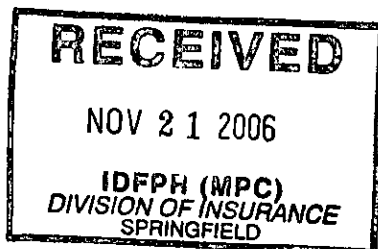
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.120 to 1.082. The filing maintains the current approved company deviation of -30.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Standard Fire Insurance Company

Name of Company



Ben Affron

2nd Vice President

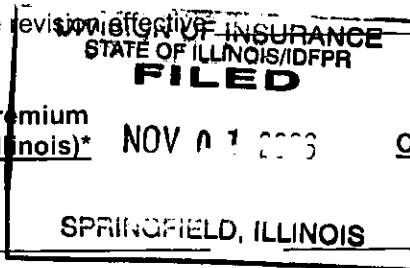
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Compensation</u> Line of Insurance	\$35,765,523	+9.8%***



Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 1/1/2006 loss costs and miscellaneous rating values and reducing our loss cost multiplier from 1.440 to 1.358.

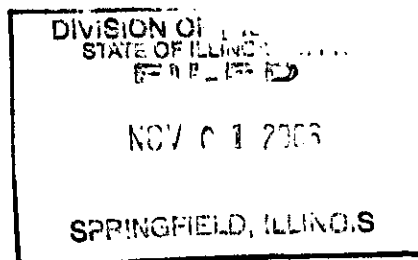
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

*** Exact rate impact based on 2005 written premium distribution.

State Farm Fire and Casualty Company
Name of Company

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	8,985,890	-3.1%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2007
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

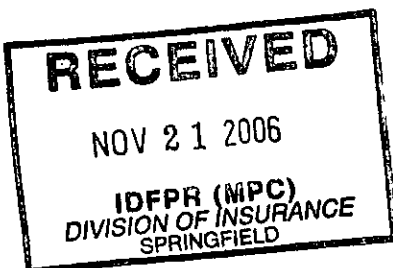
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.920 to 1.856. The filing maintains the current approved company deviation of +20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Fire and Marine Insurance Company

Name of Company



Ben Hoffman

2nd Vice President

Official - Title

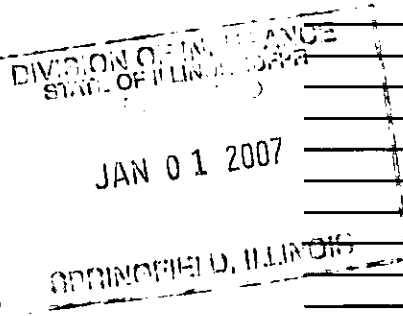
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,070,522	-2.6%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

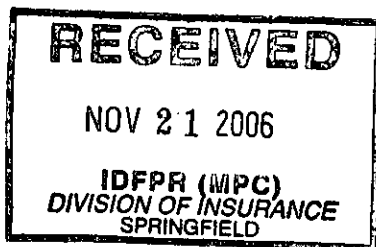
No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.440 to 1.392. The filing maintains the current approved company deviation of -10.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.



St. Paul Guardian Insurance Company

Name of Company

Ben Hoffman

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	7,210,996	-4.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

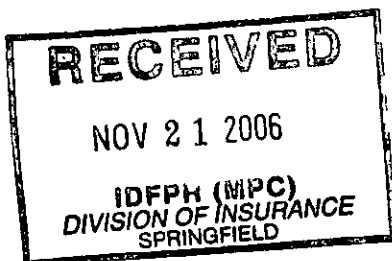
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.600 to 1.546.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Mercury Insurance Company

Name of Company



Ben Hoffman

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	18,817	-4.2%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

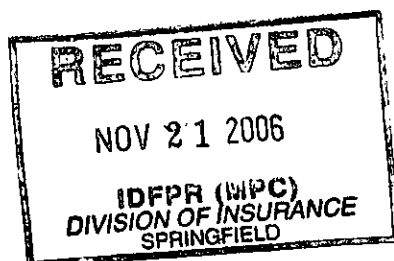
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.920 to 1.856. The filing maintains the current approved company deviation of +20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Protective Insurance Company

Name of Company



Ben Hoffman

2nd Vice President

Official - Title

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NOV 28 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

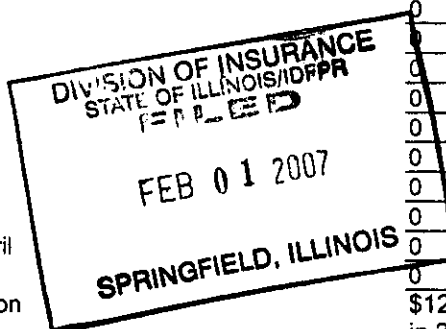
Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 2-1-07
3/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damage		
Private Passenger	0	0
Commercial	0	0
3. Liability Other than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0
15. Workers Compensation	\$12.2 Mil Earned in 2005	0% - per NCCI circular IL-2006-06
16. Other _____	0	0
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Technology proposes adoption of rates approved per NCCI circular for members as of 2/1/07

- * Adjusted to reflect all prior rate changes. Historical rate changes for the past year have been negligible (As such, actual is shown).
 ** Change in Company's premium level which will result from application of new rates.

Technology Insurance Company _____
Name of CompanySubmitted by: J. Shoenfelt, ACAS, MAAA, FCA
Mgt. Consultant, Shoenfelt Consulting, Inc.
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,569,535	-2.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 2.080 to 2.011. The filing maintains the current approved company deviation of +30.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty and Surety Company

Name of Company



Brian Hoffman

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	82,370	0.6%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

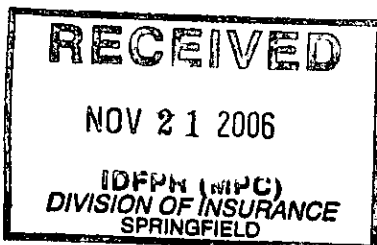
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.280 to 1.237. The filing maintains the current approved company deviation of -20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Insurance Company of America

Name of Company



Ben Hoffman

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	71,963,386	-1.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

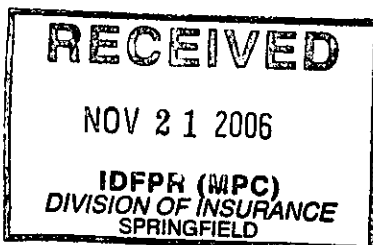
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.920 to 1.856. The filing maintains the current approved company deviation of +20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company

Name of Company



Brian Steffen

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,656,609	0.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

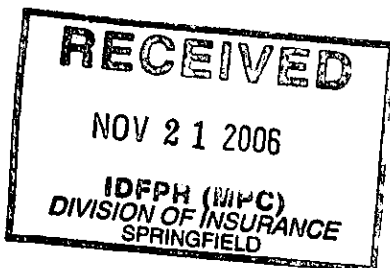
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.600 to 1.546.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of Connecticut

Name of Company



Ben Affleck

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	10,251,379	-0.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

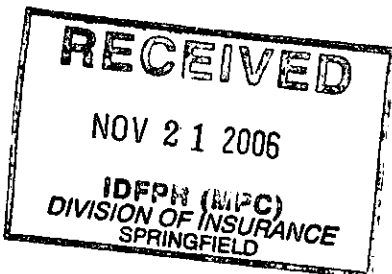
Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.600 to 1.546.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of America

Name of Company



Ben Steffen

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	50,462,061	-0.4%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also reduces the company loss cost multiplier from 1.440 to 1.392. The filing maintains the current approved company deviation of -10.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

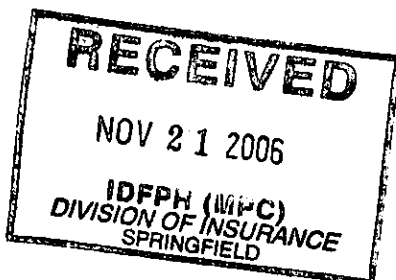
Travelers Property Casualty Company of America

Name of Company

Brian Hoffman

2nd Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	952	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

*Adjusted to reflect all prior rate changes.

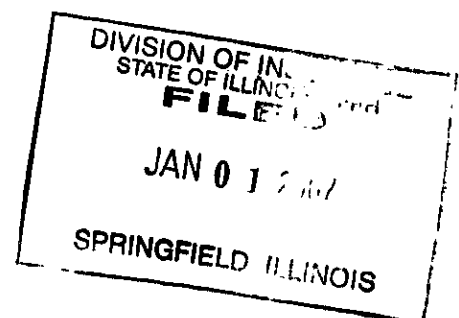
**Change in Company's premium level which will result from application of new rates.

Trinity Universal Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title



(RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire & Allied Lines		
10. Extended Coverage		
11. Inland Marine		
12. Homowners		
13. Commercial Multi-Peril*		
14. Crop Hall		
15. Workers Compensation	93,617	-9.6%
16. Other		

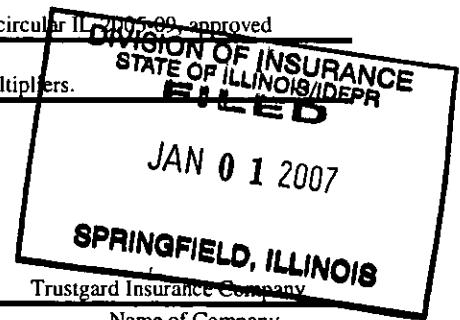
Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): We are adopting NCCI Loss Costs from circular IL-2005-09, approved

in circular IL-2005-11, and have applied our own company-specific Loss Cost Multipliers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



Trustgard Insurance Company
Name of Company

Zach Drennen

Official - Title
Zach Drennen
Commercial Pricing Analyst

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>3,577,059</u>	<u>11.94</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

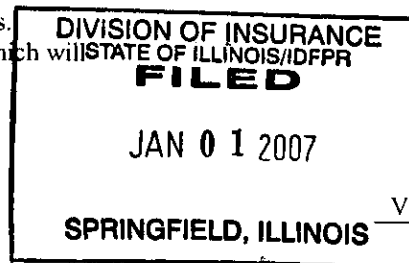
NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI Rates, Effective 1/1/07

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.


Vanliner Insurance Company
 Name of Company

Tina Kampwerth
Senior Compliance Coordinator
 Official - Title

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NOV 27 2006

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET****IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

01/01/2007

Change in Company's premium or rate level produced by rate revision effective _____

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	3,220,241	1.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Applies to all territories and classes. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of the 1/1/07 loss costs published by NCCI (NCCI Circular # IL - 06 - 11) _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Vigilant Insurance Company _____

Name of Company

Actuarial Officer _____

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

RECEIVED

NOV 16 2006

 IDFP (MPC)
 JAN 01 2007
 DIVISION OF INSURANCE
 SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective _____

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	70,676,167	+ 2.0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.

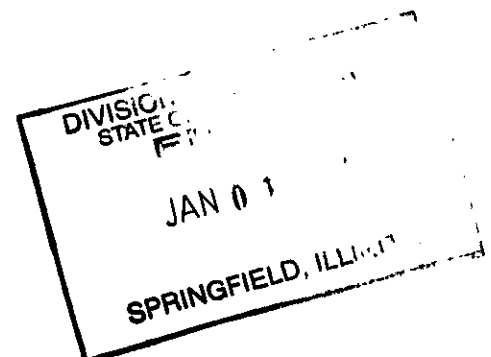
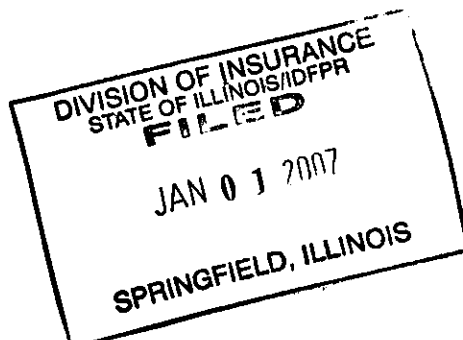
**Change in Company's premium level which will result from application of new rates.

Virginia Surety Company, Inc.

Name of Company

AVP

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$18,463,270</u>	<u>+0.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change +0.0%Westfield Insurance Company #228-24112

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield Insurance Co.

Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2007

SPRINGFIELD, ILLINOIS

Rhonda Roberts
Production Specialist
Product Management

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$2,103,823</u>	<u>+2.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

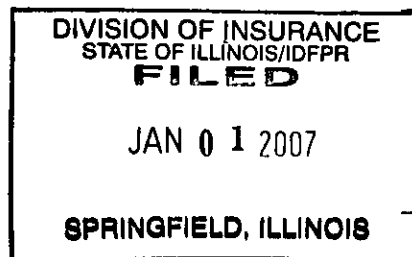
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change +2.5% and a previously filed deviation of 1.25 from the NCCI ratesWestfield National Insurance Company #228-24120

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield National Insurance Co.

Name of Company

Rhonda Roberts
Production Specialist
Product Management

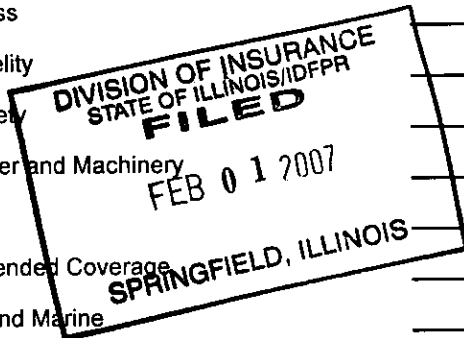
Official - Title

ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

Change in company's premium or rate level produced by rate revision effective 2/1/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	12,452,990	1.7%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) We are filing
for rates to be effective 2/1/07

* Adjusted to reflect all prior rate changes.

** Change in company's premium level which will result from application of new rates.

Zenith Insurance Company

Name of Company

Jason Clarke, Vice President & Actuary

Official - Title